



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

HA0000845008

INSTALLATION ADDRESS

SHIPLEY COMPANY INC
24 WILSON WAY
WESTWOOD

MA 02090

24 WILSON WAY
WESTWOOD

MA 02090



S. RUSSELL SYLVA
Commissioner

The Commonwealth of Massachusetts

Department of Environmental Quality Engineering
Metropolitan Boston - Northeast Region

5 Commonwealth Avenue
Woburn, Massachusetts 01801

NO FILE

RECEIVED
JUN 19 12 00 PM '85
DIV. OF SOLID AND
HAZARDOUS WASTE

Trip Summary

Facility Name: Shipley Company Inc.
24 Wilson Way
Westwood, MA
MAD000845008

NAME: Shipley Co Inc.
ID # MAD000 845 008
FILE LOC. R-1C
OTHER:

Contact Person: Shawn Delorey

Date of Inspection: March 21, 1983

Purpose of Inspection: Compliance Inspection

Inspector: Masood Habib
DSHW, Metropolitan Boston/Northeast Region
Woburn, MA

On March 21, 1983, the writer met Mr. Delorey of Shipley Co. Inc. at 2300 Washington Street in Newton, Massachusetts, to conduct RCRA inspection of their storage facility located at 24 Wilson Way in Westwood, Massachusetts. The company leased the Westwood warehouse in 1978 from MacDonald Trust, who are the owners. The reason for leasing this property was because of insufficient storage capability at the Newton site (EPA ID # MAD001060615). At the time of lease, Shipley Co. Inc. was generating all its hazardous waste from manufacturing process at Newton location and transferring it to the Westwood warehouse where it was temporarily stored before being transported to a licensed TSDF within 90 days. According to Mr. Delorey, no waste was generated at this location except for some waste as a result of customer returns of finished product or in certain cases some discarded material. The wastes, which consisted of alkalines, copper and acid solutions, solvents and some dry material, was stored in 55 gallon barrels (process code S01-15,300 gallons total storage capacity) before being disposed of.

In March of 1982, Shipley Co. Inc. terminated its manufacturing process at the Newton plant and stopped transferring hazardous waste to the Westwood warehouse. Also all the waste was removed and the warehouse was closed.

The writer accompanied Mr. Delorey to the Westwood warehouse. The inspection revealed that there was no evidence of hazardous waste remaining at this site and the portion of the warehouse where waste was stored was clean. An examination of the floor showed no sign of spill residue or stains. The warehouse, at the time of inspection, was subleased to TAC, a wholesale distributor of sportswear.

During the inspection Mr. Delorey was advised by the writer to submit a detailed closure procedure to EPA with a copy to the region. A time frame of about two weeks was decided on for the response.

Since no response was received by this office within the said period, the writer tried to get in touch with Mr. Delorey, but was informed by the company's management that Mr. Delorey had resigned and that it would be awhile before someone would be assigned his responsibilities. However, after repeated calls to the company, Mr. John Cox finally contacted this office and he was advised to submit the information confirming closure of the Westwood warehouse. A letter dated November 8, 1983 to EPA, from Mr. Cox, does explain briefly the closure of the Westwood warehouse.

Based on conclusions reached during the March 21, 1983 Compliance Inspection, it is recommended that Shipley's Westwood warehouse should be removed from the EPA's list of hazardous waste generators. The Newton plant is strictly involved in R&D projects and generates small quantities of hazardous waste. The Newton plant will retain its EPA identification number and will be regulated by DEQE as a generator.

SHIPLEY

November 8, 1983
JDC:013:83



Mr. Jacob Edwards
State Waste Program Branch
U.S.E.P.A. Region I
JFK Federal Building
Room 1903
Boston, MA 02203

SUBJECT: CLOSURE OF SHIPLEY WESTWOOD, MASSACHUSETTS WAREHOUSE MAD000845008

Dear Mr. Edwards:

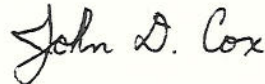
I have recently joined the Shipley Company in the capacity of Corporate Manager of Safety, Health and Environmental Affairs. In my initial assessment of operations, it has come to my attention that when our Westwood, Massachusetts warehouse (MAD000845008) was closed in April 1982, an appropriate closure notice and plan was not filed with the U.S.E.P.A.. I apologize for this oversight and am hereby requesting that you modify your records to reflect the fact that this site no longer operates as a generator or storage facility for hazardous wastes and ceased these activities in April 1982.

It is my understanding after speaking with the individuals responsible that the Shipley Westwood warehouse was used for storing equipment, incoming raw materials, outgoing finished products, credit disposition order (CDO) materials and hazardous wastes in maximum 55 gallon quantities. Rarely, if ever, were hazardous wastes stored in this warehouse as hazardous wastes for a period exceeding ninety days. Once the shelf life of certain products was exceeded or CDO materials were found by Quality Control analyses to be worthless, these materials were declared hazardous wastes and transported off site to a licensed hazardous waste disposal facility. The time between assigning a material hazardous waste status and disposal off site generally ran 30 to 60 days. In our final thorough cleanup and clearing out of the warehouse in January to April 1982 we spent in excess of \$40,000 in hazardous waste disposal costs.

After the Shipley Company closed down its operations at the Westwood warehouse, the owner of the property, MacDonald Trust, leased the warehouse to TAC, a wholesale distributor of sportswear. In March 1983 Mr. Masood Habib from the Northeast Regional DEQE office visited the Westwood warehouse site with Mr. Shawn DeLorey, Safety Coordinator, for Shipley. In a phone conversation that I had with Mr. Habib last week, he confirmed that there is no evidence of hazardous wastes remaining at this site.

I apologize once again for the fact that no one from Shipley has formally documented this change of status of our Westwood facility to you before now. I believe we presently have in place people and procedures to assure timely responses to your requirements and inquiries. If you have any questions related to the information contained herein, please do not hesitate to give me a call at (617) 481-7950, extension 4524.

Very truly yours,



John D. Cox
Corporate Manager of Safety,
Health and Environmental Affairs

/eb

cc: Linda Benevides/D.E.Q.E.
Nancy Wrenn/D.E.Q.E.
Masood Habib/D.E.Q.E.
Robert J. Marckini/Shipley Company Inc.
Robert Norris/Boyd, MacCrellish & Wheeler



S. Russell Sylva
Commissioner

The Commonwealth of Massachusetts
Executive Office of Environmental Affairs
Department of Environmental Quality Engineering
Division of Solid and Hazardous Waste
One Winter Street, Boston, Mass. 02108

September 9, 1985

Mr. John D. Cox, P.E., C.I.H.
Corporate Safety, Health & Environ. Affairs
ShIPLEY Co., Inc.
455 Forest Street
Marlborough, MA 01752

Re: MAD 000345008
24 Wilson Way
Westwood, MA

inactive

Dear Mr. Cox:

In response to your letter of November 8, 1983 requesting to be removed from our list of companies handling hazardous waste, we are writing to confirm that the EPA Identification Number assigned to your site at 24 Wilson Way, Westwood, MA is now inactive.

From the information submitted it appears that you are not now involved in the generation, transportation, treatment, storage or disposal of hazardous waste at this location.

If this interpretation is incorrect or at any time in the future you generate or accumulate over 20 kilograms of hazardous waste, you must notify this office in writing or obtain a temporary identification number.

Please contact the Compliance Branch of the Division of Solid and Hazardous Waste at (617) 292-5851 if you have any questions.

Sincerely,

Linda Brewster for

Steven A. DeGabriele
Acting Deputy Director
Licensing and Enforcement Branch

SAD/NW/td

cc: ✓ Gary Gosbee
State Waste Program, EPA
DEQE Regional Office



S. Russell Sylva
Commissioner

The Commonwealth of Massachusetts
Executive Office of Environmental Affairs
Department of Environmental Quality Engineering
Division of Solid and Hazardous Waste
One Winter Street, Boston, Mass. 02108

June 28, 1985

To: Gary Gosbee

From: Nancy Wrenn

Through: Linda Benevides *LB*

Subject: Approved changes of status

NAME: Shipley Co. Inc.
ID: MAD 000845008
FILE: R-1A
OTHER:

The following changes have been approved by this Department:

Western Region:

			<u>Inactive Code</u>
Atlas Copco Holyoke	MAD000845404	TSD - Inactive	3 3
Atlas Copco Airtec	MAD000652321	TSD - G only	
Berkshire Etching Corp.	MAD001114289	G - Inactive	3
Merchants Metals	MAD066996356	TSD - Inactive	6
Church Seat Co.	MAD001120781	TSD - Inactive	2
Colonial Roto Engraving	MAD980522593	G - Inactive	2
Farm Petroleum Co., Inc.	MAD019546324	G - Inactive	3
New Balance Athletic Shoe	MAD980667794	G - SQG	
Eastman Mfg Co. (dba R.E. Phelon Co.)	MAD001121672	G - SQG	
RE Phelon Co.	MAD001114867	G - SQG	
Springfield Wire, Inc.	MAD001115211	G - SQG	
(Springfield) Ind. Orch. Acid Neutralization Facility	MAD000638932	G - Inactive	3
Standard Electrical Testing	MAD066973157	G - Inactive	3
Strathmore Paper Co.	MAD001123553	G - SQG	
Tennessee Gas Pipeline Co.	MAD019146802	G - SQG	
Vegetation Control Service	MAD002543841	G - Inactive	3

Central Region:

Baldwinville Products, Inc.	MAD069921492	G - Inactive 4
Bose Corporation	MAD044917607	G - SQG
Boston Digital Corp. (deleted 2-7-84 but still in printout)	MAD001417427	G - Inactive
Bowmar-Ali, Inc.	MAD097436273	G - SQG
(AFI) Datatrol, Inc.	MAD049442510	G - SQG
Milford Shoe Co., Inc.	MAD046131397	SQG - Inactive 2
Precision Auto Body	MAD980913495	SQG - Inactive 1
Reed Plastics Corp.	MAD001128974	No status - Delete
Temple Stuart Co.	MAD046134573	G - Inactive 1

Northeast Region:

Ark-Les Corp.	MAD001024355	TSD - G/WWTU
A.W. Chesterton	MAD000790691	G - Inactive 1
Metal Deposition Lab	MAD980731897	G - Inactive 3
Morton Thiokol, Inc.	MAD001022375	TSD - G/WWTU
Sanborn Associates	MAD088987201	TSD/Trans/G - G only
Shibley Co.	MAD000845008	TSD - Inactive 2
Lewis Chemical Co.	MAD053455911	TSD/Trans/G - Inactive 2

Southeast Region:

(Augat) Isotronics Add waste codes: F006, D002, M099	MAD990893604	SQG - G
L.G. Balfour Co., Inc.	MAD001199256	TSD - G/WWTU
Jenkins Products Corp.	MAD060103371	SQG - Inactive 2
Sarama Lighting, Inc.	MAD063898365	TSD - G



S. RUSSELL SYLVA
Commissioner

The Commonwealth of Massachusetts
Department of Environmental Quality Engineering
Metropolitan Boston - Northeast Region
5 Commonwealth Avenue
Woburn, Massachusetts 01801

JUN 24 1985

Trip Summary

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24 Wilson Way
Westwood, MA
MAD00845008

Contact Person: Shawn Delorey

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Purpose of Inspection: Compliance Inspection

Inspector: Masood Habib
DSHW, Metropolitan Boston/Northeast Region
Woburn, MA

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JUN 24 1985

Shipley Co. Inc.
Page 2

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MH/ae



NOV 15 1983

November 8, 1983
JDC:013:83

Mr. Jacob Edwards
State Waste Program Branch
U.S.E.P.A. Region I
JFK Federal Building
Room 1903
Boston, MA 02203

SUBJECT: CLOSURE OF SHIPLEY WESTWOOD, MASSACHUSETTS WAREHOUSE MAD000845008

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*Telcon Masood 11/16/83
will write memo
for this situation*

SHIPLEY

Mr. Jacob Edwards

- 2 -

JDC:013:83

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Very truly yours,



John D. Cox
Corporate Manager of Safety,
Health and Environmental Affairs

/eb

cc: Linda Benevides/D.E.Q.E.
Nancy Wrenn/D.E.Q.E.
Masood Habib/D.E.Q.E.
Robert J. Marckini/Shipley Company Inc.
Robert Norris/Boyd, MacCrellish & Wheeler



SHIPLEY

*Phase II
Return*

July 29, 1981

Permits Branch
U. S. EPA Region I
JFK Federal Building
Boston, MA 02203

Gentlemen,


Re: MAD000845008
Shipley Company Inc.
24 Wilson Way
Westwood, MA 02090

Attached please find our completed Part A of a RCRA storage permit application. Also attached is your correspondence requesting completion of the appropriate indicated sections.

Should there be any questions regarding this matter, please do not hesitate to contact me at (617) 969-5500.

Thank you.

Sincerely,


Shawn A. DeLorey
Safety Coordinator
SHIPLEY COMPANY INC.

SAD:eb
Enclosures (2)

cc: R. Norris/Boyd, McCrellish & Weeks
M. Doolittle/Shipley Company Inc.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION I

J. F. KENNEDY FEDERAL BUILDING, BOSTON, MASSACHUSETTS 02203

Re: MAD0000845008
Shipley Co., Inc.
24 Wilson Way
Westwood, MA 02090

Dear Hazardous Waste Permit Applicant:

The Environmental Protection Agency (EPA) has reviewed for completeness Part A of a RCRA permit application for the facility referenced above. The Agency has determined that the Part A permit application is incomplete. The items we found missing from the application are marked on the enclosed checklist. All missing items marked with an asterisk (*) should be completed on the application form and the form returned to this office by Jan 30 days. All other missing items marked on the checklist should be completed and forwarded to this office under separate cover by _____.

If the applicant fails or refuses to correct the deficiencies in the application within the time set forth above, the Agency may 1) determine that the applicant failed to qualify for interim status; 2) deny the permit; and 3) commence enforcement action under applicable statutory authority, including section 3008 of the Resource Conservation and Recovery Act.

INTERNAL CHECKLIST

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING

☐

✓

(2) FORM 3 MISSING

☐

✓

B. POSTMARK after NOVEMBER 19, 1980

☐

Valid

☐

C. (1) DATE of OPERATION MISSING

☐

✓

(2) DATE of OPERATION after NOVEMBER 19, 1980

☐

Non
 7(1) Notifier
 D. (2) NOTIFIED after AUGUST 18, 1980

☐☐

Valid

☐

E. (1) FORM 1, XIII B SIGNATURE missing

☐

✓

(2) FORM 3, IX B SIGNATURE missing

☐

✓

2. A. HANDLER

☒

B. NONREGULATED

☐

C. UNSURE

☐

D. UNKNOWN FACILITY

☐

(missing name and address on Form 3)

E. NEW FACILITY

☐

F. CORE ITEM(S) MISSING

☒

G. NON-CORE ITEM(S) MISSING

☐

H. OTHER

☐

Coded:
 021-country
 4212550-lab
 0711120-long
 3/31

ITEM NUMBER

- II. Pollutant Characteristics ☐
- *III. Name of Facility ☐
- IV. Facility Contact ☐
- V. Facility Mailing Address
 - A. Street or P.O., Box ☐
 - B. City or Town ☐
 - C. State ☐
 - D. Zip Code ☐
- VI. Facility Location
 - *A. Street, Route Number ☐
 - B. County Name ☐
 - *C. City or Town ☐
 - *D. State ☐
 - E. Zip Code ☐
 - F. County Code (if known) ☐
- VII. SIC Codes (other than Process and Hazardous Waste) ☐
- VIII. Operator Information
 - *A. Name ☐
 - *B. Is the name listed in VIII-A also the owner ☐
 - C. Status of operator ☐
 - D. Phone ☐
 - *E. Street or P.O. Box ☐
 - *F. City or Town ☐
 - *G. State ☐
 - H. Zip Code ☐

IX. Indian Land

☐

X. Existing Environmental Permits

☐

XI. Map

☐

XII. Nature of Business

☐

XIII. Certification

A. *1. Name and

☐

2. Official Title

☐

*B. Signature

☐

*C. Date Signed

☐

Comments:

Form 1 is missing

☐

Items preceded by * must be submitted by _____.

ITEM NUMBER

*II. A First Application

1. Existing Facility Date (on or before November 19, 1980) ☐
2. New Facility Date (after November 19, 1980) ☐

*III. Processes

- A. Process Code ☐
- B. Process Design Capacity-Amount
 1. Amount ☐
 2. Unit of Measure ☐

*IV. Description of Hazardous Wastes

- A. EPA Hazardous Waste Number ☐
- B. Estimated Annual Quantity ☐
- C. Unit of Measure ☐
- D. Processes
 1. Process Codes ☐
 2. Process Description ☐

V. Facility Drawing ☐

VI. Photographs ☐

VII. Facility Geographic Location ☐

VIII. Facility Owner

- *1. Name of Facility's Legal Owner ☐
2. Phone ☐
- *3. Street or P.O. Box ☐
- *4. City or Town ☐
- *5. State ☐
6. Zip Code ☐

OK ☒
 OK ☒
 OK ☒
 OK ☒
 OK ☒

*IX. Owner Certification

A. Name

☐

B. Signature

☐

C. Date Signed

☐

*X. Operator Certification

A. Name

☐

B. Signature

☐

C. Date

☐

Comments:

Form 3 is missing

☐

Items preceded by * must be submitted by _____.

ITEM NUMBER

*II. A First Application

1. Existing Facility Date (on or before November 19, 1980) ☐
2. New Facility Date (after November 19, 1980) ☐

*III. Processes

- A. Process Code ☐
- B. Process Design Capacity-Amount
1. Amount ☐
2. Unit of Measure ☐

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- *1. Name of Facility's Legal Owner ☐
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- *4. City or Town ☒
- *5. State ☒
6. Zip Code ☒

*IX. Owner Certification

A. Name

☐

B. Signature

☐

C. Date Signed

☐

*X. Operator Certification

A. Name

☐

B. Signature

☐

C. Date

☐

Comments:

Form 3 is missing

☐

Items preceded by * must be submitted by _____.

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER	
EPA				F M A D 0 0 0 8 4 5 0 0 8	
LABEL ITEMS				GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					
		PLEASE PLACE LABEL IN THIS SPACE			

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

C	1	SKIP	SHIPLEY COMPANY INC
---	---	------	---------------------

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
C	2	DELOREY SHAWN SAFETY COORD	617 969 5500

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
C	3	24 WILSON WAY	WESTWOOD	MA	02090

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN		D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
C	5	24 WILSON WAY		WESTWOOD	MA	02090		

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
C	7	2	8	C	7	2	8
15	16	17	18	15	16	17	18
(specify) Industrial Inorganic Chemicals NEC				(specify) Industrial Organic Chemicals NEC			
C. THIRD				D. FOURTH			
C	7			C	7		
15	16	17	18	15	16	17	18
(specify)				(specify)			

VIII. OPERATOR INFORMATION

A. NAME															B. Is the name listed in Item VIII-A also the owner?			
C	8	S	H	I	P	L	E	Y										
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	
																	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																	D. PHONE (area code & no.)	
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE																	C A 6 1 7 9 6 9 5 5 0 0	
E. STREET OR P.O. BOX																		
2 3 0 0 W A S H I N G T O N S T R E E T																		
F. CITY OR TOWN																	G. STATE	
B N E W T O N																	M A	
H. ZIP CODE																	IX. INDIAN LAND	
0 2 1 6 2																	Is the facility located on Indian lands?	
																	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
C	9	N								C	9	P							
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22		
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
C	9	U								C	9								
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22		
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
C	9	R								C	9								
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22		
M A D 0 0 0 8 4 5 0 0 8										(specify)									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Shiple Company Inc. provides a full line of high quality chemical products, equipment and technical assistance to the Microelectronics Printed Circuits, Plating on Plastics and Metal Finishing industries.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Robert C. Peterson Corp. Opts Mgr.	<i>[Signature]</i>	11/19/80

COMMENTS FOR OFFICIAL USE ONLY

C																	
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32

CONTINUE ON REVERSE

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

N/A

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W M A D 0 0 0 8 4 5 0 0 8													W DUP												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)													D. PROCESSES												
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	1. PROCESS CODES (enter)												2. PROCESS DESCRIPTION (if a code is not entered in D(1))									
1	F 0 0 2	610	G	S 0 1													N/A								
2	F 0 0 3	3103	G	S 0 1													N/A								
3	F 0 0 4	500	G	S 0 1													N/A								
4	F 0 0 5	500	G	S 0 1													N/A								
5	F 0 0 7	23000	G	S 0 1													N/A								
6	F 0 0 9	6552	G	S 0 1													N/A								
7																									
8																									
9																									
10																									
11																									
12																									
13																									
14																									
15																									
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19																									
20																									
21																									
22																									
23																									
24																									
25																									
26																									

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

N/A

RECEIVED
JUL 31 1981
PERMITS BRANCH

EPA I.D. NO. (enter from page 1)

S	F	M	A	D	0	0	0	8	4	5	0	0	8	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

4	2	1	2	5	5
65	66	67	68	69	71

LONGITUDE (degrees, minutes, & seconds)

0	7	1	1	1	2
72	74	75	76	77	79

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

MacDonald Trust

c/o Leggett MacCall & Warner Inc.

617-367-1177

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

60 State Street

Boston

MA

02109

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

Mark M. Kisiel

[Signature]

3 June 81

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

V. FACILITY DRAWING (see page 4)

GARAGE

OFFICE

20 FT
40 FT
DRUM
STORAGE
AREA

RR SIDING

NOT TO SCALE

WILSON WAY

FORM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER F M A D 0 0 0 8 4 5 0 0 8 3 D	
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
III. FACILITY NAME					
V. MAILING ADDRESS					
VI. FACILITY LOCATION					

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP SHIPLEY COMPANY INC

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)			
2	DELOREY SHAWN SAFETY COORD	617	969	5500	

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3	24 WILSON WAY	WESTWOOD	MA	02090	

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN		D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5	24 WILSON WAY			WESTWOOD	MA	02090		

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	2	8	1	7	2	8	6
(specify) Industrial Inorganic Chemicals NEC				(specify) Industrial Organic Chemicals NEC			
C. THIRD				D. FOURTH			
7				7			
(specify)				(specify)			

VIII. OPERATOR INFORMATION

A. NAME				B. Is the name listed in item VIII-A also the owner?			
8	S	H	I	P	L	E	Y
COMPANY INC				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)							
F = FEDERAL S = STATE P = PRIVATE				M = PUBLIC (other than federal or state) O = OTHER (specify)			
P				(specify)			
D. PHONE (area code & no.)							
A				6 1 7 9 6 9 5 5 0 0			
E. STREET OR P.O. BOX							
2300 WASHINGTON STREET							
F. CITY OR TOWN				G. STATE		H. ZIP CODE	
B NEWTON				MA		02162	
IX. INDIAN LAND							
Is the facility located on Indian lands?							
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)				D. PSD (Air Emissions from Proposed Sources)			
9	N			9	P		
B. UIC (Underground Injection of Fluids)				E. OTHER (specify)			
9	U			9			
C. RCRA (Hazardous Wastes)				E. OTHER (specify)			
9	R			9			

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9: A/50

XII. NATURE OF BUSINESS (provide a brief description)

Shiple Company Inc. provides a full line of high quality chemical products, equipment and technical assistance to the Microelectronics Printed Circuits, Plating on Plastics and Metal Finishing industries.

F9: A/51

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Robert C. Kelen Corp. Exts. Mgr.	<i>Robert C. Kelen</i>	11/19/80

COMMENTS FOR OFFICIAL USE ONLY

C

FORM 3 RCRA		ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program <i>(This information is required under Section 3005 of RCRA.)</i>	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> S F M A D O O O O 8 4 5 0 0 8 3 1 T/A C </div>
-----------------------	--	--	--

FOR OFFICIAL USE ONLY		COMMENTS
APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

<p>A. FIRST APPLICATION (place an "X" below and provide the appropriate date)</p> <p><input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)</p> <div style="display: flex; align-items: center;"> <table border="1" style="margin-right: 10px;"> <tr><td>YR.</td><td>MO.</td><td>DAY</td></tr> <tr><td>8</td><td>7</td><td>4</td></tr> </table> <p>FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)</p> </div>	YR.	MO.	DAY	8	7	4	<p><input type="checkbox"/> 2. NEW FACILITY (Complete item below.)</p> <p>FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEG</p> <div style="display: flex; align-items: center;"> <table border="1" style="margin-right: 10px;"> <tr><td>YR.</td><td>MO.</td><td>DAY</td></tr> <tr><td></td><td></td><td></td></tr> </table> </div>	YR.	MO.	DAY			
YR.	MO.	DAY											
8	7	4											
YR.	MO.	DAY											
<p>B. REVISED APPLICATION (place an "X" below and complete Item I above)</p> <p><input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS</p> <p><input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT</p>													

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

<div style="display: flex; justify-content: space-between;"> S T/A C </div> <div style="display: flex; justify-content: space-between;"> C 1 </div>									
<div style="display: flex; justify-content: space-between;"> 16 - 18 19 27 28 29 - 32 </div>									
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 1	300 x 50 gal. drum	G		7				
2	S 0 1	20 x 15 gal. drum	G		8				
3	S 0 1	15300000	G		9				
4					10				

EPA Form 3510-3 (6-80)

IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) PAGE 3.

N/A

RECEIVED
JUL 31 1981
PERMITS BRANCH

EPA I.D. NO. (enter from page 1)

F	M	A	D	0	0	0	8	4	5	0	0	8	3	6
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

FL: A155

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

FL: A156

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

4	2	1	2	5	5
---	---	---	---	---	---

LONGITUDE (degrees, minutes, & seconds)

0	7	1	1	1	2
---	---	---	---	---	---

VIII. FACILITY OWNER

- ☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

E	MacDonald Trust	c/o Leggat McCall & Munner Inc.	617-362-1122
---	-----------------	---------------------------------	--------------

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

F	60 State Street	G	Boston	MA	02109
---	-----------------	---	--------	----	-------

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

MARK M. KISIEL

[Signature]

3 June 81

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED


 U.S. ENVIRONMENTAL PROTECTION AGENCY
 NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinter label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

000243

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED (yr., mo., & day)

5 MAD00084500821

A

800818

Aug 18 3 12 PM '80

I. NAME OF INSTALLATION

SHIPLEY COMPANY INC.

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 24 Wilson Way

CITY OR TOWN

ST.

ZIP CODE

4 WESTWOOD

MA02090

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

524 WILSON WAY

CITY OR TOWN

ST.

ZIP CODE

6 WESTWOOD

MA02090

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 DELOREY SHAWN SAFETY COORDINATOR

617-969-5500

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 MACDONALD TRUST

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

5	W	M	A	D	0	0	0	8	4	5	0	0	8	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 2 23 - 26 7	2 F 0 0 3 23 - 26 8	3 F 0 0 4 23 - 26 9	4 F 0 0 5 23 - 26 10	5 F 0 0 7 23 - 26 11	6 F 0 0 9 23 - 26 12
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B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P 0 1 2 23 - 26 37 U 1 2 2 23 - 26 43	32 P 0 3 0 23 - 26 38 U 1 3 4 23 - 26 44	33 P 0 9 2 23 - 26 39 U 1 4 4 23 - 26 45	34 P 1 1 6 23 - 26 40 U 1 5 1 23 - 26 46	35 P 1 8 8 23 - 26 41 U 2 1 9 23 - 26 47	36 U 1 0 8 23 - 26 42 U 2 2 0 23 - 26 48
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D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)
X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME & OFFICIAL TITLE (type or print)

 Mr. Robert C. Petersen
Corporate Operations Manager

DATE SIGNED

8/14/80